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**** CONTINUING DATA *******
 This application is a 371 of PCT/GB02/05913 12/23/2002

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWINGS 0	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/CHHAYA D SAYALA/ Examiner's Signature				

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TITLE
 Food for gastrointestinal health

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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